

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041097

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 429

FILED OCT 30 1963

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 433 Norwine Street		d. STREET ADDRESS (If outside, give location) 433 Norwine Street	
3. NAME OF DECEASED (Type or print) First Sadie Middle Ruth Last Forshee		4. DATE OF DEATH Month October Day 21 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/1894
9. AGE (last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic at Hospital	
10b. KIND OF BUSINESS OR INDUSTRY Bonne Terre Hosp.		11. BIRTHPLACE (City and state or country) Graham, Texas	
12. CITIZEN OF WHAT COUNTRY U.S. A.		13a. FATHER'S NAME Thomas Boas	
13b. MOTHER'S MAIDEN NAME Elizabeth Wills		14. NAME OF HUSBAND OR WIFE Joseph Linn Forshee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. William A. Forshee, Bonne Terre, Mo.	
17. INFORMANT William A. Forshee, Bonne Terre, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal carcinomatosis Carcinoma of large bowel DUE TO (b) Carcinoma of large bowel DUE TO (c) Carcinoma of large bowel	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Bonne Terre, Missouri STATE Missouri	
21. I attended the deceased from 8-29-63 to 10-21-63 and last saw her/him on 10-18-63 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dale Sparks	
22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 10-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/24/63	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Pl.	23d. LOCATION (City, town, or county) (State) Bonne Terre, Rt. 2, Mo.
24. FUNERAL DIRECTOR Dale Sparks Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 24, 1963	
26. REGISTRAR'S SIGNATURE Ester Rudloff			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Everett Spaske

Licensed Embalmer No. 4287

P. O. Address

Bonne Terre Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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